

| U.S. ARMY ACCIDENT REPORT <small>For use of this form, see AR 385-40, the proponent agency is OCSA</small> | | | | FOR USASC USE ONLY | | Requirement Control Symbol CSOCS-308 | |
|--|--|---|--|---|---|---|---|
| SECTION A - ACCIDENT INFORMATION | | | | | | | |
| 1. CHECK ONE <input type="checkbox"/> a. INITIAL <input type="checkbox"/> b. CHANGE | | 2. UIC (Unit Identification Code) (6-Digit Code of Unit Having Accident) | | 3a. UNIT NAME AND MILITARY ADDRESS | | 3b. BRANCH (Armor, Infantry, etc.) | |
| 4. DATE OF ACCIDENT a. YR. b. MO. c. DAY | | 5. TIME OF ACCIDENT (Local Military Time) | 6. PERIOD OF DAY (Check one) <input type="checkbox"/> a. Day <input type="checkbox"/> b. Night | 7. ACCIDENT OCCURRED (Check one) <input type="checkbox"/> a. On Post <input type="checkbox"/> b. Off Post | 8. IF ON POST, NAME OF INSTALLATION/FACILITY | | 9. ACCIDENT OCCURRED DURING (Check one) <input type="checkbox"/> a. Combat <input type="checkbox"/> b. Non-Combat |
| 10. WERE EXPLOSIVES OR AMMUNITION INVOLVED OR PRESENT? <input type="checkbox"/> Yes (See Instruction Book) <input type="checkbox"/> No | | 11. EXACT LOCATION OF ACCIDENT (Detailed enough to locate site) (State type of location.) | | | | | |
| SECTION B - PERSONNEL INFORMATION | | | | | | | |
| 12. NAME (Last, First, MI) | | | 27. CLASSIFICATION AT TIME OF ACCIDENT (Check) | | 28. CAUSE OF INJURY/OCCUPATIONAL ILLNESS (Check the most serious) | | |
| 13. SOCIAL SECURITY NUMBER (SSN) | | | 14. AGE | | | | |
| 15. SEX (Check) <input type="checkbox"/> a. Male <input type="checkbox"/> b. Female | | 16. RANK OR GRADE | 17. MOS OR JOB SERIES | | | | |
| 18. ADDRESS (Use Official Address for All Military or Government Personnel) (If different than block 3, add UIC.) | | | a. Active Army | | a. Struck Against | | h. Overexertion |
| | | | b. Army Civilian | | b. Struck By | | i. Exposure |
| | | | c. Army Contractor | | c. Fell from Elevation | | j. External Contact |
| | | | d. Nonappropriated Fund (NAF) | | d. Fell from Same Level | | k. Ingested |
| | | | e. Other U.S. Military | | e. Caught In/ Under/ Between | | l. Inhaled |
| 19. DUTY STATUS AT TIME OF ACCIDENT (Check one) <input type="checkbox"/> a. On Duty <input type="checkbox"/> b. Off Duty | | | 20. FLIGHT STATUS (Check one) <input type="checkbox"/> a. Yes <input type="checkbox"/> b. No | | | | |
| 21. CONTINUOUS DUTY (hrs.) (Without sleep) | | | 22. HRS. SLEEP IN LAST 24 | | | | |
| 23. DAYS LOST (Est. no. of days lost from work; not counting day of injury. Bed rest/on quarters.) | | | 24. DAYS HOSPITALIZED (Est. no. of days hospitalized receiving treatment; not for observation only.) | | | | |
| 25. DAYS OF RESTRICTED WORK ACTIVITY (Est. no. of days person cannot perform regular duties; light duty/profile.) | | | 26. SEVERITY OF ILLNESS/INJURY (Check one) | | | | |
| | | | a. Fatal | | | | |
| | | | b. Permanent Total Disability. Person can never again do gainful work. | | | | |
| | | | c. Permanent Partial Disability. Person loses or can never again use a body part | | | | |
| | | | d. Days Away from Work. Person misses one or more workdays; bed rest/on quarters. | | | | |
| | | | e. Restricted Work Activity. Person is temporarily unable to perform regular duties; light duty/profile. | | | | |
| | | | f. First Aid Only. Person has one-time treatment of minor injury. (No lost work days.) | | | | |
| | | | g. No Injury. | | | | |
| | | | 27. (Continued) | | | | |
| | | | f. ROTC | | f. Rubbed/abraded | | |
| | | | g. Dependent | | g. Bodily Reaction | | |
| | | | h. NGB Tech | | 29. BODY PART(S) AFFECTED (Check primary) (No more than 3) | | |
| | | | i. NGB IDT | | | | |
| | | | j. NGB AT | | a. Body (General) | | p. Fingers |
| | | | k. NGB ADSW | | b. Head | | q. Leg |
| | | | l. NGB AGR | | c. Forehead | | r. Knee |
| | | | m. NGB ADT | | d. Eyes | | s. Ankle |
| | | | n. USAR IDT | | e. Nose | | t. Foot |
| | | | o. USAR AT | | f. Jaw | | u. Toes |
| | | | p. UAR ADT | | g. Neck | | v. OTHER (Specify) |
| | | | q. USAR FTM | | h. Trunk | | |
| | | | r. Foreign Nat. Direct Hire | | i. Chest | | |
| | | | s. Foreign Nat. Indirect Hire | | j. Heart | | |
| | | | t. Foreign Nat. KATUSA | | k. Back | | |
| | | | u. Foreign Mil. Attached to the U.S. Army | | l. Shoulder | | |
| | | | v. Public | | m. Arm | | |
| | | | w. Not reported | | n. Wrist | | |
| | | | | | o. Head | | |
| 30. TYPE OF INJURY/ILLNESS (Check the most serious) | | | | | | | |
| a. Burns (Chemical) | | | | h. Abrasions | | o. Frostbite | |
| b. Burns (Thermal) | | | | i. Concussion | | p. Heat Stroke | |
| c. Amputation | | | | j. Sprain/Strain | | q. Heat Exhaustion | |
| d. Decompression Sickness | | | | k. Cuts/Lacerations | | r. Noise Injury/Illness | |
| e. Asphyxiation (Suffocation) | | | | l. Contusion | | | |
| f. Fractures | | | | m. Puncture Wound | | | |
| g. Dislocation | | | | n. Hernia, Rupture | | | |